

FORM CMS-2552-10

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|---|--|---|--|--|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | | PROVIDER NO.: | PERIOD: | WORKSHEET E-3, PART VII |
| | | COMPONENT NO.: | FROM _____ TO _____ | |
| Check applicable boxes: | <input type="checkbox"/> Title V <input type="checkbox"/> Title XIX | <input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF | <input type="checkbox"/> NF <input type="checkbox"/> ICF/MR | <input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other |

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

| COMPUTATION OF NET COST OF COVERED SERVICES | | Title XIX Inpatient | Title XIX Outpatient | |
|---|--|---------------------|----------------------|-----|
| 1 | Inpatient hospital/SNF/NF services | | | 1 |
| 2 | Medical and other services | | | 2 |
| 3 | Organ acquisition (certified transplant centers only) | | | 3 |
| 3A | KMAP-8 | | | 3A |
| 4 | Subtotal (sum of lines 1, 2 and 3) | | | 4 |
| 4A | KMAP-1 | | | 4A |
| 4B | Subtotal (Line 4 minus Line 4A) | | | 4B |
| 5 | Inpatient primary payer payments | | | 5 |
| 6 | Outpatient primary payer payments | | | 6 |
| 7 | Subtotal (line 4B less sum of lines 5 and 6) | | | 7 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| REASONABLE CHARGES | | | | |
| 8 | Routine service charges | | | 8 |
| 9 | Ancillary service charges | | | 9 |
| 10 | Organ acquisition charges, net of revenue | | | 10 |
| 11 | Incentive from target amount computation | | | 11 |
| 12 | Total reasonable charges (sum of lines 8 through 11) | | | 12 |
| CUSTOMARY CHARGES | | | | |
| 13 | Amount actually collected from patients liable for payment for services on a charge basis | | | 13 |
| 14 | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e) | | | 14 |
| 15 | Ratio of line 13 to line 14 (not to exceed 1.000000) | | | 15 |
| 16 | Total customary charges (see instructions) | | | 16 |
| 17 | Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions) | | | 17 |
| 18 | Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions) | | | 18 |
| 19 | Interns and residents (see instructions) | | | 19 |
| 20 | Cost of teaching physicians (see instructions) | | | 20 |
| 21 | Cost of covered services (line 7) | | | 21 |
| PROSPECTIVE PAYMENT AMOUNT | | | | |
| 22 | Other than outlier payments | | | 22 |
| 23 | Outlier payments | | | 23 |
| 24 | Program capital payments | | | 24 |
| 25 | Capital exception payments (see instructions) | | | 25 |
| 26 | Routine and ancillary service other pass through costs | | | 26 |
| 27 | Subtotal (sum of lines 22 through 26) | | | 27 |
| 28 | Customary charges (title XIX PPS covered services only) | | | 28 |
| 29 | Titles V or XIX PPS, lesser of lines 27 or 28; non-PPS enter amount from line 27 | | | 29 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 30 | Excess of reasonable cost (from line 18) | | | 30 |
| 31 | Subtotal (sum of lines 19 through 21 minus 29) | | | 31 |
| 32 | Deductibles | | | 32 |
| 33 | Coinsurance | | | 33 |
| 34 | Allowable bad debts (see instructions) | | | 34 |
| 35 | Utilization review | | | 35 |
| 36 | Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33) | | | 36 |
| 37 | Other adjustments (specify) (see instructions) | | | 37 |
| 38 | Subtotal (line 36 ± line 37) | | | 38 |
| 39 | Direct graduate medical education payments (from Worksheet E-4) | | | 39 |
| 40 | Total amount payable to the provider (sum of lines 38 and 39) | | | 40 |
| 41 | Interim payments | | | 41 |
| 41A | KMAP | | | 41A |
| 41B | Copay/Spenddown | | | 41B |
| 41C | TPL | | | 41C |
| 41D | Laboratory payments | | | 41D |
| 42 | Balance due provider/program (line 40 minus 41) | | | 42 |
| 43 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2 | | | 43 |

FORM CMS-2552-10 (12/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4033.7)